

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Moderator: Aimee Rosenow
January 27, 2015
10:00 a.m. CT

Operator: Good afternoon. My name is (Bradley) and I will be your conference operator today. At this time, I would like to welcome everyone to the Statewide Population Health Conference Call.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. Aimee Rosenow, you may begin your conference.

Aimee Rosenow: Thank you, (Bradley). Good morning, everyone. Welcome to the January Statewide Population Health Call. I want to run through the agenda for every one real quick and then we'll get started with our updates.

First, we'll have the Ebola Preparedness and Response update. Then, we'll have an update from our state epidemiologist, Charlie Hunt, followed by an update with our Bureau of Health Promotion and our Center for Population Health. We'll have a preparedness update and then we will finish up with the communication's update and have question and answer at the end.

So, I'll turn the call over to Charlie Hunt to begin our Ebola update.

Charlie Hunt: OK. Thank you very much and good morning, everyone. I'm going to provide just a brief situation update. As you know, we've been continuing to

monitor the outbreaks in West Africa and I think that there is some encouraging news. In general, the trends for the number of imported cases had decreased in all three countries of Guinea, Liberia and Sierra Leone. We saw the fall of total new confirmed Ebola cases since mid-August. The case numbers remain low in Liberia, with no new confirmed cases nationally for the final 2 days of the week ending January 11, and the lowest weekly total of confirmed cases since the first week of June 2014. Sierra Leone has now reported a decline in the number of new cases for the second week in a row which again is encouraging considering that they were experiencing a pretty substantial increase over the last few weeks. And in general, they still have the highest number of cases.

In total, there are now just over 21,000 cases and 8,600 deaths in these three countries. Other good news is that Mali now has been declared Ebola-free because more than 42 days have passed since the last confirmed case. And so, the risk assessment process will no longer include Mali as a country of concern, and we will make some updates to our preparedness and response plan to reflect that and get that posted probably within the next few days.

Just very briefly, the public health monitoring and returning travelers from Kansas, I'm often asked this question. To date, we have had 10 persons that have been under active monitoring and two persons who have been under direct active monitoring and nobody is under monitoring right now. So, we're kind of clear at the moment.

Next, I'm going to talk very briefly about the funding opportunity that is coming down to KDHE. We actually have two sources of funding. I'm going to talk about one of those sources mostly, epidemiology and laboratory capacity for infectious diseases or what we call ELC, for short. This is an existing cooperative agreement that KDHE has that funds a lot of our infectious disease and laboratory activities, but we are looking at a potential supplement that will focus on Ebola and other emerging infectious diseases.

There are three major projects associated with this supplement. The first project is focused on health care infection control assessment and response. These include activities such as updating and expanding our current

Healthcare Associated Infection State Plan and our Multidisciplinary Advisory Group. There might be some of you on the call that are already a member of that group. We'll be looking at ways to improve coordination between public health and health care regarding infection control. There'll be an activity that we will undertake to assess the readiness of Ebola-designated facilities in the state and provide some training and then also assessing the outbreak reporting and response in health care facilities.

The second project is designed to enhance our laboratory biosafety capacity and just includes a designated biosafety officer to conduct an assessment planning and training not only within our state public health laboratory but also to other clinical laboratories throughout the state.

And finally, project C is focused on global migration – global interventions in migrant health. This particular activity is really targeted to a limited number of states that will be funded and we are not planning to apply for project C just simply because we don't have the patient or the traveler volume. And again, it's really focused on other states.

In total, we think that somewhere around \$600,000 to \$800,000 would be coming to Kansas through this cooperative agreement, and as we have additional information to share about the application and our activities, I'll provide further updates probably on this call.

And I'm going to turn things over now to Mindee.

Mindee Reece: Good morning, everyone. I'm going to continue the trend of talking about the Ebola funding. I think most of you are aware that we received notice of grant award with restriction for \$52,000 a few weeks ago related to our public health emergency preparedness cooperative agreement. We submitted our application a few days ago, and it included funding for Tier 1 personal protective equipment, money for our patient transport agreement with MERGe, money (two parts) as laboratory shippers for Category A biological agent including Ebola and some salary and fringe for our lead epidemiologist working with the active monitoring process.

We also received guidance about a week ago for the second public health emergency preparedness Ebola supplemental funding, and this time, the pot of money is much larger. Kansas is eligible to apply for \$1,625,208. The project period for this fund begins April 1st and went through September 30th of 2016. So, it's an 18-month project period. Our application is due February 20th. This funding is designed to support accelerated state and local public health preparedness planning and operational readiness for responding to Ebola.

I will note at this time that we are aware that another pot of supplemental funding will be made available to us for hospital emergency preparedness planning. We are anticipating that that funding guidance will be released some time in early February, and we believe that the funding will be in the neighborhood of \$1.5 million to \$2 million dollars for hospital preparedness. So, the money I'm talking about today, the 1.6 million, that's for public health.

We have shared the guidance document list with Kansas Association of Local Health Department's preparedness team members and will be scheduling a conference call very soon to talk with them about how the local health department might utilize a significant portion of this funding which we believe will pass through the aid-to-local preparedness contract.

The goal is to improve our readiness and for the locals to be prepared and ready to conduct active monitoring or direct active monitoring. One of the requirements for these funds is for the Kansas Health and Environmental Laboratory or the State Public Health Laboratory to purchase new PCR instrument and supplies to be ready to test for Ebola and other disease processes, so that will be in our application.

Other things we're looking at right now or being considered to employ the services of the contractor to provide PPE training for the health and medical system. We're looking at developing and providing cleaning and disinfecting training, risk communications training as well. They have to be mindful that this fund cannot be used for direct clinical care so the money we get for Health Departments can't be used for that capacity but you can use it for planning and other things.

So, stay tuned for more information about that. We also will be sharing information through the Kansas Hospital Association as soon as we get the guidance from the hospital supplemental funding.

For those of you that have been around a while, this is similar to what happened in 2009 when we were preparing for pandemic influenza and responding to it. The money came out in phases and we spent a lot of time writing grant applications and tracking different pots of money and this is very comparable to that. So, it's something we're used to and hopefully all of you are used to it coming in spurts as well.

The last thing I want to mention is that we have sent a request to the 14 largest hospitals in the state to complete the CDC's Ebola Assessment Hospital Checklist. We'll be following up by phone with those hospitals to indicate that they meet all of the criteria to be considered an assessment hospital. Before we provide any information to the CDC which is a requirement of this latest round of funding, we will be contacting the facilities that indicate that they are prepared to serve as an Ebola Assessment Hospital to make sure they are OK with us indicating that to the CDC.

Our understanding is that the CDC will not be publishing names of hospitals but they are interested in being able to identify cities where these hospitals are located. So in some cases, it's going to be clear that there's one primary hospital in that city, and it will be identifiable. So, we just want to make sure that we're having good communication with these facilities to make sure that leadership and everyone is on board with us providing that information to the CDC.

So, I think that's all we have for Ebola. We'll take questions at the end but I'll turn it back to Charlie who will share some other updates.

Charlie Hunt: OK. Thanks, Mindee. And I just want to provide an update on influenza activity first. Activity in Kansas has decreased over the past few weeks but remains widespread and elevated in comparison to the peaks in most previous seasonal epidemics the last couple of seasons. Our peak is right around six percent of all outpatient visits due to ILI and we're hovering just above that

right now. Our reporting deadline is noon on Tuesdays and so we are anxious to see how it looks for the clinics over the last week.

After January 23rd of this year, we've had 22 influenza outbreaks reported to KDHE since the first of December and into 2015. Most of these have been among long term care facilities and the outbreaks of influenza are reportable just as those outbreaks of any disease are reportable. They, obviously, are primarily interested in those that are occurring in (institutional) settings and the surveillance for these outbreaks really is important because it helps us to document the spread and the severity of influenza and, of course, as you all are aware there was antigenic drift of the circulating influenza A, H3N2 virus this season and it's important for us to document the potential impact of that drift.

And so we appreciate your assistance in reporting these outbreaks to us. Influenza A H3N2 is the predominant strain circulating in Kansas and also just to remind you that the CDC has continued to emphasize the importance of the use of oseltamivir and zanamivir antiviral medications for the treatment and under certain circumstances prevention of influenza as an adjunct to vaccination.

There has been some concern about the availability, particularly of some of these drugs in long-term care facilities that are experiencing influenza outbreak. So, in response to the reports that some of these facilities are having difficulty, CDC has offered to coordinate with commercial partners to facilitate the rapid resolution of large orders of these antiviral drugs for institutional outbreaks settings. And so, if you're having difficulty getting supplies, please contact our epidemiology hotline at 877-427-7317, if you're aware of a facility that's unable to obtain these drugs in timely manner.

And finally, I just want to provide an update on an outbreak of norovirus that we've been investigating with our public health colleagues in Neosho, Allen and Woodson County. There was initial report to KDHE on January 7th of gastrointestinal illness among clients of the Senior Services of Southeast Kansas Meals on Wheels Program. This is the program that serves approximately 220 clients in the Southeast Kansas area. KDHE and the local

health department staff began the investigation and conducted interviews among clients and coordinated laboratory testing.

In total, six persons have tested positive for norovirus genogroup II and approximately 60 persons reported being ill based on the interviews that we've conducted. So, we are currently working on a report to summarize the outbreak and will get that posted on our Web site as soon as we get that done.

So, I just want to provide an update on that. There was some media interest in that outbreak early on and I will turn this back over to Aimee now. Thank you.

Aimee Rosenow: Thank you, Charlie and Mindee for those updates. Next, we have an update from our Bureau of Health Promotion. We have Laurie Harrison joining us today with that information.

Laurie Harrison: Good morning. The Bureau of Health Promotion is looking for input on the new five-year Kansas Injury Prevention Strategic Plan, and this will happen during a one-day meeting in Wichita on Thursday, April 16th.

This group will work with a facilitator to create Injury Prevention Statewide Plan and Individual Action Plans to prevent motor vehicle injury, fall, poisoning, drowning and prior injury. If you or representative from your health department is interested in attending, contact Lori Haskett at 785-296-8163 or lhaskett that's L-H-A-S-K-E-T-T @kdhe.ks.gov.

We're also wanting to promote the Stepping On Program. There are still spaces available for the Stepping On Leaders Training in (Salina) and that's May 6th through the 7th. Stepping On is an evidence-based program that helps older adults to reduce fall by incorporating and discussing falls and risk, strengths and balance exercises, medication review, vision exams and health safety. Stepping On leaders must be a health care professional, an aging network professional or a fitness instructor. Leaders must have led a group-based program on adult learning or self-efficacy principles. Leaders must have worked with older adults and commit to leading at least two Stepping On workshops every year.

So if anyone is interested, you can contact Lori Haskett again at 296-8163.

Aimee Rosenow: Thank you, Laurie. Next, we have Jane Shirley here to provide an update for the Center of Population Health.

Jane Shirley: Thank you, Aimee, and good morning everyone. First, I want to take the opportunity to thank everybody who's a grant applicant to our aid-to-local process for your patience and your support. Now, we are making this a significant transition for the aid-to-local adjustments case and application reporting to a completely online system that is called (Catalyst).

While you're working on a grant applications, please don't hesitate to contact the program staff with the individual grant or contact me and we will get your questions answered. All the members and contact e-mails can be found on the Aid-to-Local page of the KDHE Web site. Just go to the KDHE page select the Public Health tab, go to the local public health program to find the aid-to-local link, and I will include that direct link in the transcript of this call.

On that page, you will also find information about and the links to register for two webinars that we're holding this Thursday, January 29th, one, at 10 am and one, at 3.30. These will both be led by the staff with (HHPR) the contractors for (Catalyst). They will provide a short training but this will primarily be a question-and-answer session. They will be essentially duplicates. You do not need to attend both them. We hope you will find one at a time that is convenient for you.

Please remember that grant applications are due in March 15th. The system will no longer be available for application submissions or edit after that date. So, I think the advice that we would all give you is getting in or getting familiar with that and get those applications completed as soon as you can.

I also just want to take the chance to remind everyone to mark your calendars for the Governor's Public Health Conference on April 28 to 30 in Wichita. We expect to have registrations begin in mid to late February and that will be through KS-TRAIN. The event will be promoted and we hope that you'll be watching for that information.

I'm going to turn now to my colleague, Sara Roberts, for some additional announcement.

Sara Roberts: Good morning. On behalf of Primary Care and Rural Health Office, we have two activities announcement for our providers. The first is the Nurse Corps Loan Repayment Program. This is a generally (supportive) program that is now open. The application cycle began in January 14 and will close February 26. The purpose of the CORPS loan repayment (assistance) is the recruitment and retention of professional registered nurses that come from a working eligible health care facility with a critical shortage of nurses or working at a nurse faculty in eligible schools of nursing.

To that eligible service site would be – there has to be critical shortage facility and that's a health care facility located and defined as or serving as the primary medical care or mental health shortage designation area. The health care facility eligibility includes being a critical access hospital, public hospital, federally-qualified health centers, rural health clinics, state or local public health department, ambulatory surgical care, some nurse home health agencies or a nursing home.

The mode of this program is that the provider, the nurse would then apply. You would be eligible if you are a U.S. citizen. You have received a baccalaureate or associate degree in nursing. You're an employee as a full-time registered nurse defined as at least 32 hours a week, any public or private non-profit critical shortage facility which is described and you have outstanding qualifying educational loan. We need a diplomat or diploma in nursing.

The application form and information is available on the federal Web site which we will provide in our one-page information sheet. We will give it to Aimee. Actually, you can see the apps (all listed here). The process really allows for the nurse or the provider to have a two-year contract, and you can receive up to 60 percent of qualifying loan balance to be applied to this loan repayment.

For more information, again, you can Google Nurse CORPS Repayment program or you can certainly look at the one-pager informational sheet that we are providing after this call.

The second Loan Repayment Program is available called the National Health Service Corps loan repayment and that application period is now open as well and will end March 30th. This application (form) is available to physicians, physician assistants, nurse practitioners, dental or mental health workers.

For information, again look at the national Web site, the National Service Corps or you may call the 800 number. This is 1-800-221-9393. This is somewhere loan repayment. Providers would be expected to serve in an area for two years and return, can receive up to \$50,000 in loan repayment money to help offset the cost of your educational loan.

This program does require that as a provider to be interested in the International Service Corps provider and have to be always practicing as an approved National Health Service Corps provider. So as you begin to apply for this application, there'll be a form to the provider to fill in your practice site as an approved National Service Corps site. That process for approval is only occurring once a year and will typically occur in the second or third quarter of this year. So for this application period, you must already be an approved site for the provider to be eligible for the program.

That's all I have.

Aimee Rosenow: Thank you so much, Sara and Jane. And next, we have our preparedness update and Michael McNulty is here to provide some information.

Michael McNulty: Morning. Remember that Health Department that reporting period for the second part of the cooperative agreement here was due in January 15th. If you have not gotten that info in please submit it soon. Exercise for this year must be completed by May 15th. So, I would come and make sure to stay on that. All KS-HAN users are requested to go in and validate or update your profile. We've had a couple of situation in the past two weeks where people haven't recieved information, and upon investigation that would (seem) their own profile was out of date and so once that got updated and resolve that.

We've got a couple of pieces of good news. One, Major Mark Bruce of the Kansas Highway Patrol had been nominated by the governor to be the Kansas Highway Patrol superintendent. Major Bruce has been a long-time supporter of the preparedness program within the state and the KDHE. So, we congratulate him on that. And the National Preparedness Summit is coming up in Atlanta, Georgia, April 14th through 17th. So if you have the opportunity go to there are about anywhere between 1,600 and 1,800 preparedness people from all sorts of organization for all across the country. Fred and I will both be there doing a 90-minute session talking about what we're doing in Kansas. So, come down and visit.

Aimee Rosenow: OK. Thank you, Michael. And finally, we'll have the communications update and we have Sara Belfry our communications director here to share some news.

Sara Belfry: Good morning, everyone. I just have two quick announcements. We have reorganized the Bureau of Environmental Health here at KDHE and that will be effective February 1st, but just to give you a quick rundown on where all of those Bureau of Environmental Health Programs are going. The Asbestos program will be joining the Bureau of Air as they were in Bureau of Air before, the Environmental Public Health Tracking Program will now become part of the Bureau of Epidemiology and Public Health Informatics.

The Healthy homes and Lead Hazard Prevention Program will become part of the Bureau of Family Health and the Radiation and Right to Know Program are joining the Bureau of Community Health System as the Radiation Control Program.

Additionally, the governor has introduced an Executive Reorganization Order that will bring the Medicaid Eligibility Program over to KDHE and that would be effective January 1st of 2016 as long as there're no issues with the legislature in the next 60 days. And we will keep you updated and up-to-date on that as we continue forward.

Aimee Rosenow: OK. Thank you very much, Sara. And that concludes all of our updates from everyone in the room. So, now we can open up for our question-and-answer session. (Bradley) we would happy to take questions from our attendees.

Operator: Thank you, ma'am. At this time, if you would like to ask a question, press star one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

Again, press star then the number one to ask a question.

And there are no questions from the phone lines.

Aimee Rosenow: Thank you very much, (Bradley). And as a reminder, the transcript will be posted to our Local Public Health Web page. So, you can find all the updates and information and contact information available on that transcript or feel free to contact any of us at any time.

Our next scheduled Statewide Population Health Call will be February 24th at 10 am.

Thanks again for joining us, and we'll talk to you, again, next month.

Operator: Ladies and gentlemen, this does conclude today's conference call. You may now disconnect.

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